

Name  
in  
Full

George B. Adkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

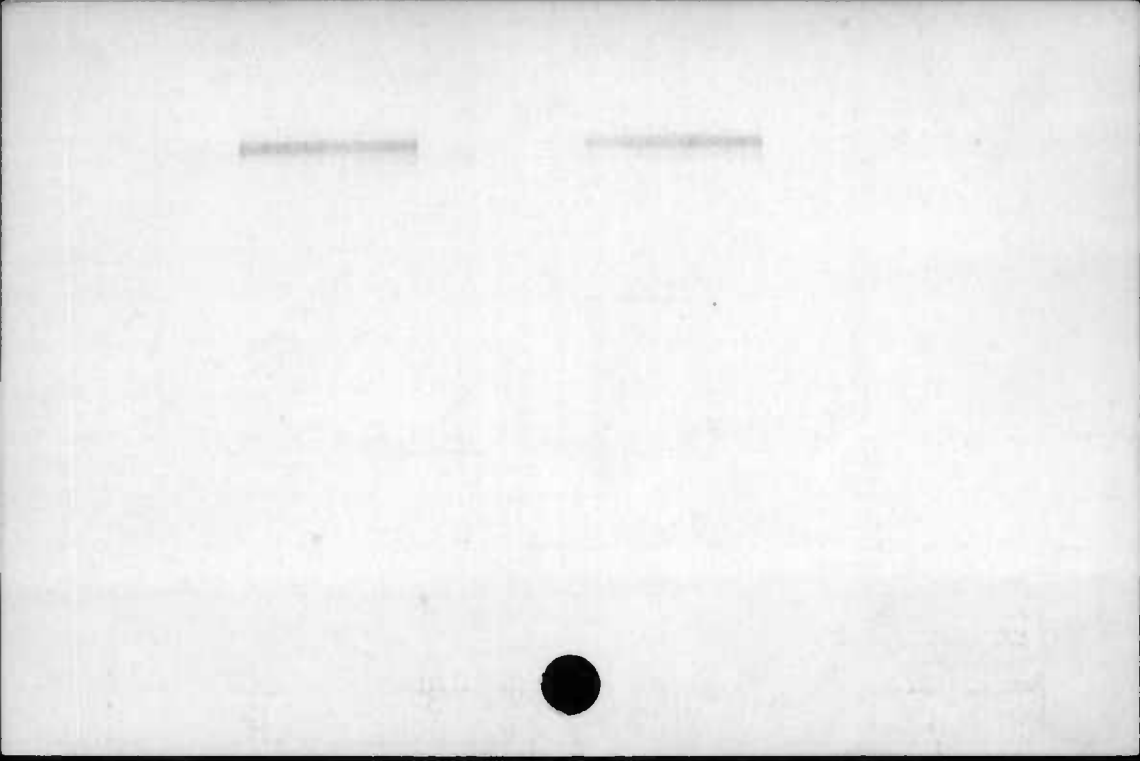
MARYLAND

Died at		Town		County		
Date of death		Month	Day	Years	Months	Days
1906		Jan	19	81	7	
Sex	male	Color or Race	white	Birth-place		
Occupation	Carpenter		Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mrs Geo. B. Adkins		
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	John M. Louisa			How related to deceased		
			None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Uremia	How long	Several days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. J. Sumpers
		Address	Charleston
Accident or Suicide?	No		



Name in Full		Elizabeth Banks				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Coleman</u>		Town <u>Hent</u>		County		MARYLAND
	Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>2</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>4</u>
	Sex <u>female</u>		Color or Race <u>Black</u>		Birth-place <u>md</u>		
	Occupation <u>~~~~~</u>			Where Residing if not at place of death <u>~~~~~</u>			
	Married, Single or Widowed <u>~~~~~</u>		Name of Wife or Husband <u>~~~~~</u>				
	Father's Name <u>Lenard Bank</u>				Father's Birthplace <u>md</u>		
	Mother's Maiden Name <u>Bertrude Brooks</u>				Mother's Birthplace <u>md</u>		
	Name of person giving information <u>Lenard Banks</u>				How related to deceased <u>father</u>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		<u>Premature</u>			How long <u>7 months</u>	
	Immediate					How long <u>7 months</u>	
	Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>		Signature of Physician <u>W.S. Maxwell</u>		
					Address <u>Still Pond, Md.</u>		
	Accident or Suicide?						



Name  
in  
Full

Levi Barnett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Trent</i>		MARYLAND	
Date of death	1906	Month	<i>Jan</i>	Day	<i>18</i>	Age	Years <i>62 (about)</i>
Sex	<i>Male</i>		Color or Race	<i>Col</i>		Birth-place	<i>Md</i>
Occupation	<i>Carter</i>			Where Residing If not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Eunice Blake</i>			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>Jerry Yorker</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Uremic Coma</i>	How long	<i>6 hrs</i>
Immediate		How long	<i>(120)</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. J. Timper</i>
		Address	<i>Chestertown</i>
Accident or Suicide?	<i>No</i>		<i>Md</i>



Name  
in  
Full

Mary I Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>19</i>	Age <i>30</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Col</i>		Birthplace	<i>MD</i>
Occupation	<i>Housegirl</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Louis Blake</i>				Father's Birthplace	<i>MD</i>	
Mother's Maiden Name	<i>Rachel Wright</i>				Mother's Birthplace	<i>MD</i>	
Name of person giving information	<i>Rachel Wright</i>				How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia (lobar)</i>		How long	<i>4 days</i>
Immediate	<i>Cardiac failure</i>		How long	<i>several hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. G. Junper</i>	
			Address <i>Chestertown, MD</i>	
Accident or Suicide?		<i>No</i>		

J. E. Ferguson

Chester town.

Col Campbell



Name  
in  
Full

Anna Cann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Weston Point		County Kent		MARYLAND	
Date of death		1906	Month Jan	Day 14	Years Age about 30	Months	Days
Sex Female		Color or Race Col		Birth- place Kent Co Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Nicholas Cann			
Father's Name		Mr. Grooms		Father's Birthplace Kent Co Md			
Mother's Maiden Name		Doubt-Know		Mother's Birthplace Kent Co Md			
Name of person giving Information		Alex Cammings		How related to deceased not related			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long 120	
Immediate		Bright disease	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		John H. Hoessey	
Address		Weston Md.	
Accident or Suicide?			

St. George's col.  
Cemetery near  
Hanesville Kent Co. Md  
John N. Dodd  
Undertaker

Name  
in  
Full

*Anna M. Clarkson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>West Pocomoke</i> Town		<i>Nest</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>9</i>	Age <i>70</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>Col</i>		Birthplace <i>Ind</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wm Clarkson</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>James Elias</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General doctor</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W E Jumper</i>
	Address <i>Chester town</i>
Accident or Suicide? <i>No</i>	

154

Quaker Keep

Name  
in  
Full

Mary Jane Cole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Synch</u> <small>Town</small>		<u>Kent</u> <small>County</small>			
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>14</u>	Age <u>73</u>	Months <u>7</u>	Days
Sex <u>female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Luther Cole</u>				
Father's Name <u>Isaac Rollins</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mary E. Wilkinson</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Mrs Salloway</u>			How related to deceased <u>Sister</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis.</u>	(66)	How long <u>10 days.</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm. S. Maxwell.</u>	
	Address <u>Still Pond, Md.,</u>	
Accident or Suicide?		

Still Pond

Name  
in  
Full

Mary H. Collins.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Years	Months
1906 Jan.		25		0		3
Sex		Color or Race		Birth-place		
female		Black.		Md.		
Occupation				Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Charles Collins				Md.		
Mother's Maiden Name				Mother's Birthplace		
Sizzie Wilmer				Md.		
Name of person giving information				How related to deceased		
J. C. Collins				father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria.	How long	one week.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes.		W. S. Maxwell,	
		Address	
		Stitt Pond, Md.	
Accident or Suicide?			

Fountain Church



Name  
in  
Full

CERTIFICATE OF DEATH

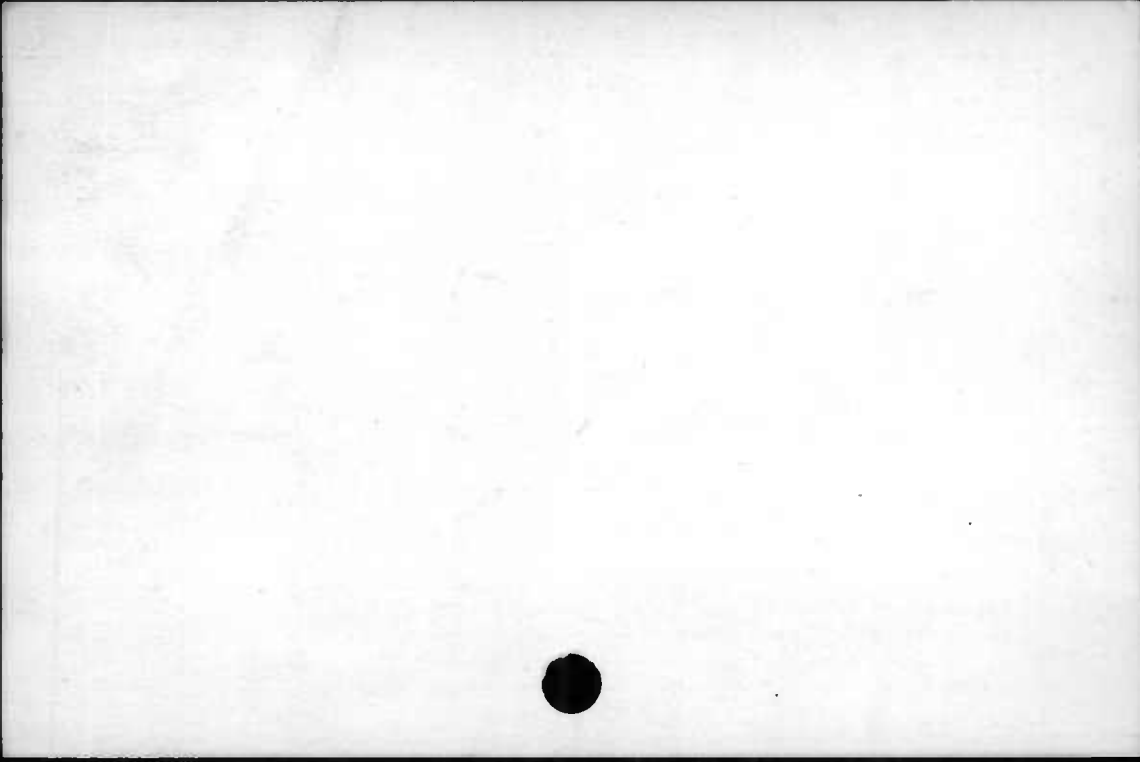
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		January	17	75			
Sex	Female	Color or Race	Colored	Birth-place	Kent Co. Md.		
Occupation	Housework			Where Residing if not at place of death	at home		
Married, Single or Widowed	Married		Name of Wife or Husband	Alex. Course			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	Alfred Course					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Age	How long	154
Immediate	General Debility	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. P. Gorman M.D.
		Address	Milington Md.
Accident or Suicide?			



Name  
in  
Full

Ezikel. Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Spencer House.</i>		County <i>Kent Co.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>15</i>	Age <i>53</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male.</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co Md</i>		
Occupation <i>Farmer.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Thomas W. Fowler.</i>	Father's Birthplace <i>Kent Co Md</i>				
Mother's Maiden Name <i>Elizabeth A. Foreman</i>	Mother's Birthplace <i>Kent Co Md</i>				
Name of person giving information <i>Samuel Fowler.</i>	How related to deceased <i>Half brother</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Syphilis</i>	How long <i>25 yrs.</i>
Immediate <i>Paralysis</i>	How long <i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C W Wheland M D</i>
	Address <i>Chestertown Md.</i>
Accident or Suicide?	

Almshouse

Name  
in  
Full

Oliver Kennard Frisby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Columaria		County Kent		MARYLAND	
Date of death	1906	Month Jan	Day 29	Age 15	Years 8	Months	Days
Sex	female		Color or Race	black		Birth- place	md
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Charles Frisby			
Father's Birthplace				md			
Mother's Maiden Name				Elizabeth Kennard			
Mother's Birthplace				md			
Name of person giving In formation				Levi Johnston			
How related to deceased				Uncle.			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis.		How long	one year.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	
			W. S. Maxwell	
			Address	
			Still Pond, Md.	
Accident or Suicide?			✓	

State Board

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Mount Grove</b> Town		<b>Kent</b> County		MARYLAND	
Date of death <b>1906</b>	Month <b>Jan</b>	Day <b>13</b>	Age <b>—</b>	Months <b>—</b>	Days <b>9</b>
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>md</b>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <b>—</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>Amos Powell</b>			Father's Birthplace <b>del</b>		
Mother's Maiden Name <b>Emma Ford</b>			Mother's Birthplace <b>del</b>		
Name of person giving information <b>.. Powell</b>			How related to deceased <b>mother</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Indigestion, Gastritis</b>	How long
<b>Exhaustion</b>	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above? <b>yes-</b>	Signature of Physician <b>G. D. Barnick</b>
	Address <b>Kennedysville, Md.</b>
Accident or Suicide?	





Name  
in  
Full

Theophilus Walter Russell

## CERTIFICATE OF DEATH

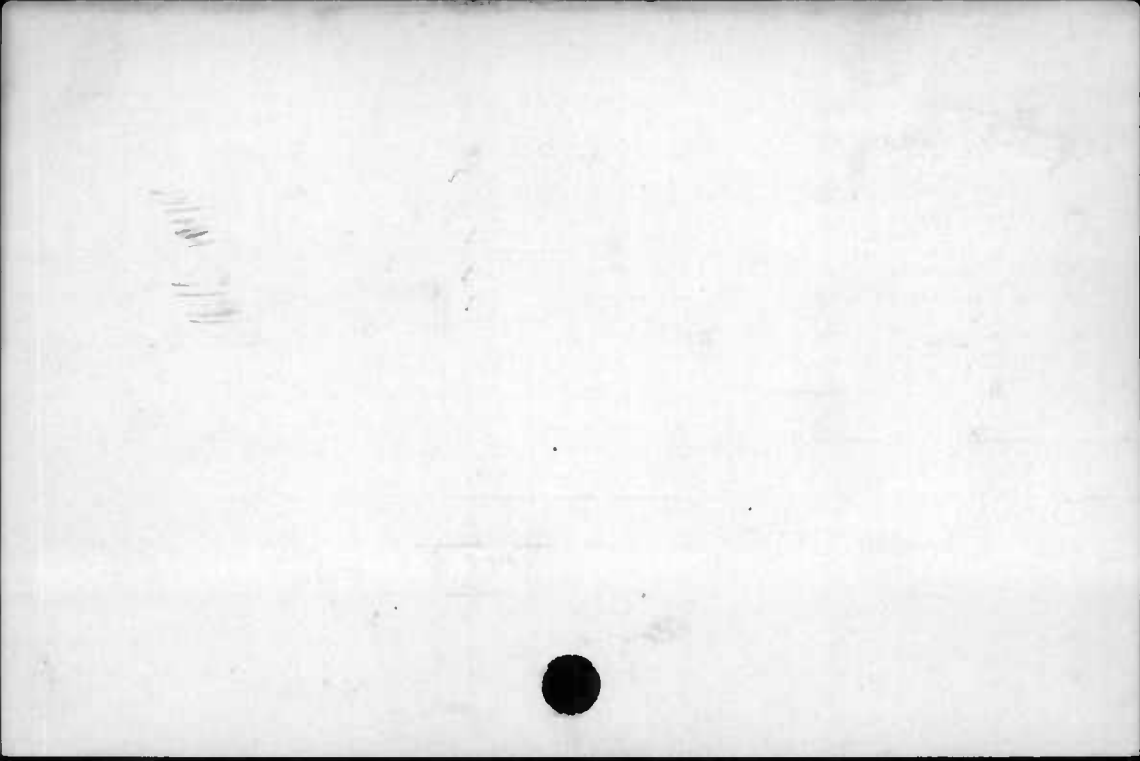
Died at Chesapeake TownCounty Stuart

MARYLAND

Date of death 1906 Month 1-Day 12Age 72 YearsMonths 3Days 9Sex MaleColor or Race WhiteBirth-place Chesapeake MdOccupation clerkWhere Residing if not at place of death ChesapeakeMarried, Single or Widowed MarriedName of Wife or Husband Bessie G. FrazierFather's Name John RussellFather's Birthplace MdMother's Maiden Name Frances GeorgeMother's Birthplace Balto MdName of person giving information J W RussellHow related to deceased Son

## CAUSES OF DEATH

Primary CystitisEnlarged ProstateHow long 8 daysImmediate Maennic PoisoningHow long 3-6 hrsAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician Dr Frank HarrisAddress Chesapeake MdAccident or Suicide? —TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

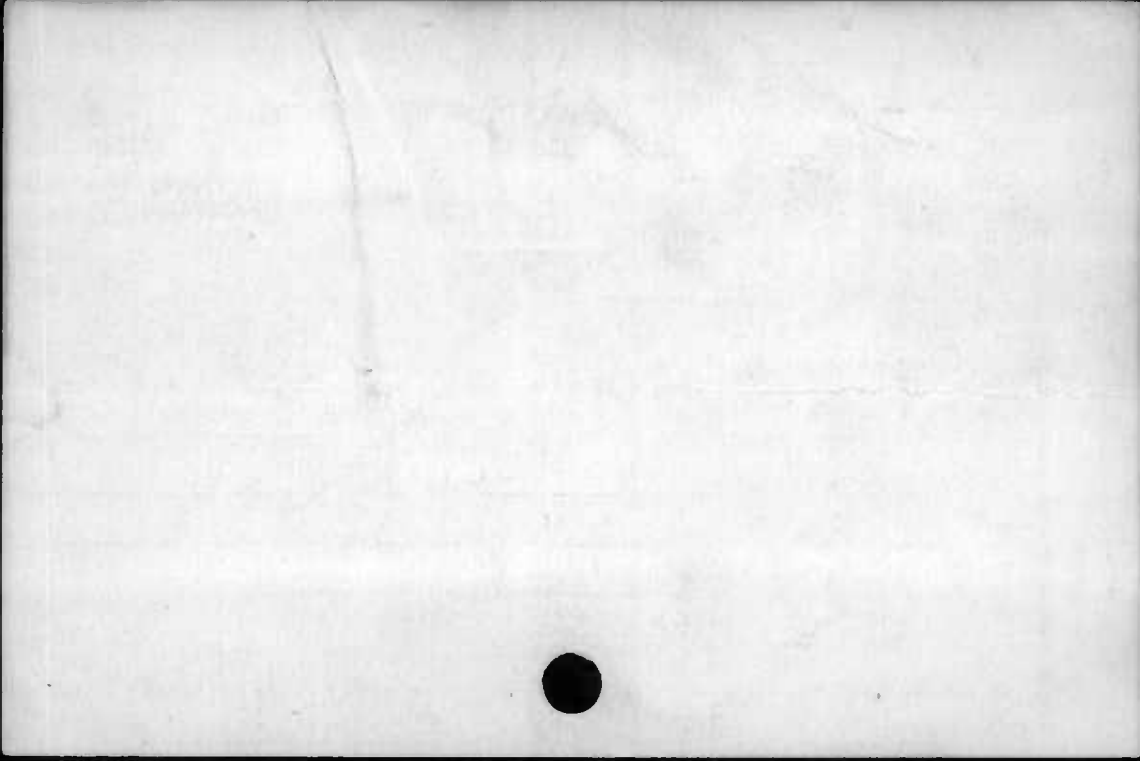
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mary Taylor</i> <i>Worlin</i> <small>Town</small>		County <i>Kent</i> <small>Kent</small>		MARYLAND	
Date of death	1906	Month	Jan	Day	30
Age		Years		Months	Days
32					
Sex	<i>Female</i>		Color or Race	<i>Col</i>	
Occupation	<i>Housewife</i>		Birthplace	<i>Kent Co Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Robt Taylor</i>	
Father's Name	<i>Perry Rosier</i>		Father's Birthplace	<i>Kent Co Md</i>	
Mother's Maiden Name	<i>Lophia Rosier</i>		Mother's Birthplace	<i>Kent Co Md</i>	
Name of person giving information	<i>Thomas Blackston</i>		How related to deceased	<i>none</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>27</i>	How long	
Immediate	<i>Tuberculosis</i>	How long	<i>Two months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John H. Keasey</i>
		Address	<i>Worlin Md</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake</i> Town <i>Kent.</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Jan.</i> Day <i>17</i> Age <i>45</i> Years Months Days	Sex <i>Male</i> Color or Race <i>Black.</i> Birth-place <i>Chesapeake Md</i>		
Occupation <i>Heard. drake hands - 7<sup>th</sup></i>	Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary E. Thompson</i>		
Father's Name <i>Robert Thompson</i>	Father's Birthplace <i>Kentco Md</i>		
Mother's Maiden Name <i>Mrs. K. K. K.</i>	Mother's Birthplace <i>Dist. K. K.</i>		
Name of person giving information <i>M. E. Thompson</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Sa grippe</i>	How long <i>3 hrs</i>
Immediate <i>Heart. Failure</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. W. Wheland</i>
	Address <i>6 Preatorium Rd.</i>
Accident or Suicide? <i>2</i>	

Chesterborn

Name  
in  
Full

Thomas E. Wilkins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Pomona</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>31</i>	Age <i>72</i>	Years	Months <i>Don't know</i>	Days <i>Don't know</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Kent, Leo</i>				
Occupation <i>Unemployed</i>	Where Residing if not at place of death <i>At place of death</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Jas. F. Wilkins</i>	Father's Birthplace <i>Kent, Leo</i>						
Mother's Maiden Name <i>Elizabeth Foxworth</i>	Mother's Birthplace <i>Balta.</i>						
Name of person giving information <i>Thos B. Brew</i>	How related to deceased <i>Brother in law</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>3 weeks.</i>
Immediate <i>Uraemia</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>K. Bynne Simmons</i>
	Address <i>Chester town</i>
Accident or Suicide? <i>No.</i>	<i>MD</i>

Mexico possibly bearing  
ground, Quaker Neck

J. H. Wood